



**USAF ACADEMY ASSOCIATION OF GRADUATES
MEMBERSHIP APPLICATION**

Name: _____ Class: _____ AOG#: _____
Address: _____ Service: _____ Rank: _____ Status _____

Spouse Class: _____ (If applicable)
Spouse Name: _____ Home E-Mail: _____

Work E-Mail: _____
Home Phone: _____
Work Phone: _____



Due to legal requirements, only a single individual can be identified as a member. The Primary Member will be identified on the membership card. Graduate members have voting rights. Spouse can exercise member benefits while the Primary Member's membership remains active. All other memberships are considered Affiliate Members. **The AOG will automatically renew annual membership dues paid by credit cards at the current yearly membership price during the member's anniversary month.**

I choose not to automatically renew my yearly annual membership dues.

Annual Membership

- () I have enclosed a check for \$60.
- () I authorize the AOG to charge my Visa/MasterCard/AmericanExpress/Discover (circle one) account \$60.

Name as it is printed on credit card _____

Account Number _____/_____/_____/_____ Exp Date: ____/____

Signature _____

Life Membership

___ **Lump Sum Payment** ___ **12 Monthly Payments** ___ **24 Monthly Payments**

- () I have enclosed a check for \$700 as a Lump Sum payment.
- () I authorize the AOG to charge my Visa / MasterCard / American Express / Discover (circle one) card in accordance with the plan I checked above. (Example: 12 Monthly Payments, AOG will charge credit card for 12 months)

Name as it is printed on credit card _____

Account Number _____/_____/_____/_____ Exp Date: ____/____

Signature _____

Lump Sum \$700	Semi-Annual \$366	12 Months \$61	24 Months \$32
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Print and Mail to:
ASSOCIATION OF GRADUATES
3116 Academy Drive
USAF Academy, CO 80840-4475

Fax to:
(719) 333-4194

Call:
(719) 472-0300
Speak with Don McCarthy



Application and prices valid through 30 June 2009

www.usafa.org